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PTO/SB/01 (10-00)

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DECL	DECLARATION		Attorney Doo	ket Number	CRD0959
AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			First Named Inventor Jon Buzzard, et al.		
				COMPLET	TE IF KNOWN
			Application N	lumber	Unknown
Declaration Submitted with Initial Filing Unsigned OR		charge	Filing Date		October 12, 2001
g chaighed off			Group Art Ur	nit	Unknown
		Examiner Name Ur		Unknown	
As a below named inventor	, I hereby declare that	:			
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
HANDLE DEPLOYMENT MECHANISM FOR MEDICAL DEVICE AND METHOD					
the specification of which					
is attached hereto					
OR					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy ed Attached?
Number(s)	Country	(UVINI)	<i>U</i> (1111)	HOL Classific	YES NO
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:						
Application Serial No.	Filing Date	Status				
		Patented Patented Patented				
I hereby appoint: Practitioners at Customer Number AND	000027777 →	Place Customer Number Bar Code Label Here				
Practitioner(s) named below: Name Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Address all telephone calls to Michael W. Montgomery at telephone number (305) 824-2922.						
Customer Number Direct all correspondence to:						
Name:						
Address:						
Address:						
City:	State:	ZIP				
Country	Telephone:	Fax:				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:	E OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Jon		Family Name or Surname	Buzzard			
Inventor's Signature			Date			
Residence: City Miramar	State Florida	Cou	ntry USA	Citizenship USA		
Mailing Address 3140 SW 194th Terrace	-					
City Miramar	State Florida	ZIP	33029	Country USA		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SECOND INVENTOR:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Frederick Family Name or Surname Feller III						
Inventor's Signature Date						
Residence: City Margate	State FL	Cou	ntry USA	Citizenship USA		
Mailing Address 7611 NW 23rd Street						
City Margate	State FL	ZIP	33063	Country USA		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF THIRD INVENTOR:	☐ A pe	tition has been	filed for this unsign	ed inventor		
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Cou	ntry	Citizenship		
Mailing Address						
City	State	ZIP		Country		